

The MEDICAL MISSIONARY



YOUNG AFRICA CALLING

Vol. XII

FEBRUARY, 1938

No. 2

THE MEDICAL MISSIONARY

WASHINGTON, D. C.

Published monthly except July and August by The Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient.

English address: Medical Mission House, 98 Thornbury Road, Osterley, Middlesex, England.

Subscription: \$1 per year, \$5 for six years. European, \$1 per year.

Entered as second class matter September 11, 1928, at the post office of Washington, D. C., under the Act of March 3, 1879.

Our Holy Father has written: "A second spring is opening in the Mission field worthy of the first ages of Christianity. By the toil, by the sufferings, and by the sacrifices of these messengers of Christ, the most glorious conquests are being made. Conversions are increasing wonderfully. The Cross of Christ is advancing rapidly in every part of the heathen world. It is the triumphing power of the Gospel breathing the evangel of justice which for private violence and revenge substitutes the sanctity and the inviolability of law. It is the triumph of liberty, of fraternity, of charity, and of Christian civilization."

IN THIS ISSUE

PAGE

MEDICAL MISSION ACHIEVEMENTS AND DREAMS IN AFRICA:

Extracts from letters of African Bishops..... 27

SHE STILL LIVES IN LISIEUX:

By REVEREND JOHN S. KENNEDY..... 34

HIGH SPOTS ON A MISSION CRUISE: Hindustan:

By ANNA DENGEL, S.C.M.M., M.D..... 36

THE SOCIETY AT HOME..... 39

THE SOCIETY ABROAD..... 41

FEBRUARY MISSION INTENTION—OBITUARY..... 43

IN OUR LIBRARY..... 44

MEDICAL MISSION NOTES..... 45

ST. JOSEPH'S PAGE..... 46

Medical Mission Achievements and Dreams In Africa

THE heroic pioneer medical missionary, David Livingstone, said that he opened many a country at the point of the lancet. From his day to our own enormous progress has been made in Africa. When one considers the difficulties of dealing with primitive peoples one marvels at the achievements. The lion's share, however, remains to be done. Many fields are yet to be conquered! Young souls who come to the Master with the genuine offer: "do with me what Thou wilt" may hear from Him, through the pleas of the African Bishops: "the harvest is ripe, laborers are needed without delay; come to heal, to help, to comfort. Let your light shine before the pagans that they may see your good works and glorify your Father Who is in Heaven."

His Eminence, Cardinal Hinsley of Westminster, when Apostolic Visitor to Africa, expressed the need forcibly when he said:

"The great opportunity of the Church lies especially in the rescue of womanhood, in the true education and proper training of African girls and African women. Here we have our power. No others, no government, not the sects can wield the heroic might of our vowed and consecrated Sisterhoods. Every-

where it is evident that a mission without Sisters lacks an essential of the apostolic work of Africa . . .

"Moreover the heads of our missions recognize the absolute necessity of having a staff of missionaries, particularly of Sisters, who can help to stem, by skilled care and scientific methods, the awful ravages of disease among the African people.

"The agents of government and of various Protestant bodies are striving by every means,—hygienic precautions, scientific treatment or prevention, and trained nursing, to carry out the corporal works of mercy. Our Sisters and medical assistants must be equal to those who have not our Faith."

The following brief extracts from letters which African Bishops kindly sent to Dr. Dengel, in answer to inquiries made while on her mission cruise, give a glimpse of the good will of governments and the charity of missionaries of various denominations in alleviating the many ills to which the sons and daughters of Channan are heir. Above all they are a call from mission bishops who have pity on the suffering multitudes and wish to do more for their relief. The only solution is more trained missionaries, more hospitals, more assistance.

—Editor.

Tripoli

" . . . The Franciscan Fathers, who have been in Tripoli since 1630, opened a hospital for the plague-stricken in 1700. This has been continued as a general hospital ever since. In 1854 the mission opened another hospital for Christians, Jews, and Arabs and a dispensary for natives. Trachoma and tropical skin diseases are among the most common afflictions.

"At present there are a number of hospitals and dispensaries; three are conducted by Sisters, the others by the government. . . ."

Onitsha, South Nigeria

" . . . My Vicariate has a population of over three million. It is the most thickly populated part of all Africa. Of the three million there are only one hundred and five thousand Catholics and one hundred and three thousand catechumens. The Church is but fifty years old here.

"Medical work is only in its infancy. We have one Catholic mission hospital, one clinic, and ten dispensaries. We have only one Catholic mission doctor. The Sisters do the nursing, assisted by a few native girls. The hospital has sixty beds and the clinic ten.

"The government has hospitals in all the larger towns, with highly paid medical officers.

"The Protestants have three hospitals in my Vicariate. One is established about twenty-five years and is doing good work. Besides this there are two leper colonies, both in the hands of the Protestant missionaries.

"Leprosy is very common in these parts. Besides this, the principal diseases are yaws, crow-crow, malaria, smallpox, sleeping sickness, and, of course, widespread venereal diseases. Infant and maternal mortality are very high. There is a tremendous field for medical work here but finance is the great difficulty. If I had the means I could have a hundred hospitals in my Vicariate and all would be working full time. . . ."

Mwanza

" . . . Our Bishop certainly was very pleased with that letter of yours, because your Society's fame has penetrated even into darkest Africa.

"In reply to your questions, health conditions for Europeans in the Mwanza Vicariate are good, provided one regularly takes his dose of quinine as a 'preventium.' Among those who are obstinate and do not do so malaria and haemoglobinuria are common. Among the natives the commonest diseases are bilharzia, syphilis, and, for the last thirty years, hookworm disease transmitted here from the coast.

"Infant mortality is very high, as is to be expected from a people such as ours, for they have practically no education, or an education rendered almost fruitless by interferences of the old wives' generation.

"The government has a hospital in Mwanza Town and a smaller one in another town. Besides these hospitals they have built dispensaries in the chief places of the district, so-called tribal dressing stations. Until now these stations have been in the hands of natives who knew prac-

tically nothing about either anatomy or medicine, but in the last eighteen months the government has opened a school where native dressers are taught theory and practice. . . ."

Monrovia, Liberia

"... The most apt example I can give of the state and need of Catholic medical missions in Liberia is that of water in a desert. I am sorry to report that there is not a single Catholic hospital. Each mission station in which a Father resides has a small dispensary, but it is of the most primitive kind.

"There is a great need for more hospitals in the whole district, as there are only a few equipped hospitals. In Monrovia the government has a large hospital building, but owing to scarcity of funds the patients are few. The American Firestone Company has a hospital in each of its two plantations. Each Protestant denomination has at least something in the form of a hospital.

"From this it can be seen that we are nowhere in the picture. As regards child-welfare, there is practically nothing done and the need is a crying one. Formerly maternity cases were attended to in the government hospital, but natives never availed themselves of its care. The number of deaths from their primitive native treatment is appalling, and we rarely get an opportunity of baptizing the children. During the past half-dozen years the government has been doing its utmost for sanitation, but it is not extending it to the interior. There is still an immense field untouched.

"As regards special diseases, Monrovia suffered from yellow fever in 1927 and 1929. There was no case reported since, although it was in the neighboring colonies. Leprosy is very prevalent in some districts. Some Protestant missions have a place for them, but we can only attend to them individually. In recent years



Zulu Mother and Child. The Style of Head-dress Indicates That She is a Pagan.

Pondoland—Sorcery and Paganism Still Hold the People.





*She Minds the Baby While Her
Mother Prepares Dinner.*

there have been a few outbreaks of smallpox in the interior. The government tries to cope with it, and vaccine is supplied to the Protestant doctors. The Fathers also vaccinate in such cases. Yaws and the other tropical diseases are prevalent, but with the scanty medical attention it is surprising that conditions are not worse. . . ."

Gold Coast, West Africa

"... In reply to your recent letter, I beg to say that the Catholic Mission of the Gold Coast cannot as yet lay claim to any large share in the medical work of the Colony.

"We have but two communities of Sisters who are engaged in dispensary and child-welfare work. The government has well-equipped native hospitals, with resident medical officers, in all the large centers, as well as district establishments for Europeans in those places where the white community is large. In Accra, the government headquarters, there is a fine native hospital supposed to be the best equipped in West Africa, and a large new Maternity Hospital. A new hostel intended to house about twenty-five midwives-in-training is now almost completed. These government-trained midwives will afterwards take up duties in the districts. The government also makes arrangements to supply dispensers to native authorities wishing to establish dispensaries in their villages, but these, so far, are not numerous.

"Malaria, of course, is the most prevalent disease, and occasionally smallpox and yellow-fever outbreaks are noted, though for a considerable time only isolated cases have been observed. Rabies, at present, is giving much anxiety, and sleeping sickness in some parts is a very grave problem, though preventive measures are being taken by the government. The scheme of providing tubes of quinine, through the post offices and the postal agencies, thus insuring a wider distribution of this valuable remedy at a small cost, will, we hope, prove an effective check upon

*Life is Quite Primitive.
The Daughters Soon
Learn Household
Tasks.*



malaria in the Colony. Leprosy also exists, although to what extent it is difficult to know and little has been done by anyone with regard to this dread disease. I am of the opinion that it is far more prevalent than is generally known, especially in outlying districts far removed from any kind of medical attention.

"Infant mortality is great here, as it is in other parts of West Africa, and I believe it is largely due to the want of proper care at birth and in the infant years. For this reason child-welfare work is most welcome, and Rome's recent decision in favor of specially trained Congregations for medical work, including maternal, is, I think, a step in the right direction to stem the appalling mortality amongst children. . . ."

Uganda Protectorate

"... In the Vicariate of Rwenzori, separated only a year ago from that of Uganda, we have but one poor little hospital which a brave, devoted religious directs with care and even with success. We call our health center in Toro a hospital but it is really a dispensary, where we have some beds available, which we endeavor to multiply as our finances permit. It is unnecessary to add that no doctor has charge of this house. In order to secure this benefit we would have to pay him a salary, and our finances do not permit that.

"In this district the Protestants have two hospitals and also two dispensaries which are well equipped, and both white and black nurses with diplomas render assistance. Besides hospitals and dispensaries, we need a school for the instruction and education of Catholic nurses and midwives. Undoubtedly we have the population in our favor, but good medical institutions would help to secure a definite success. Here in this country each soul to whom we render some good is won.

"In the four districts which form our Vicariate, the population suffers mostly from syphilis in all its manifestations and with all of its consequences. Mothers of families and children suffer most. Scientific and regular treatment has had surprising effect; for instance, in the kingdom of Bunyoro, where, at the arrival of the whites, the population was decreasing, the statistics of this year show an excess of births over deaths. This good result is due to comprehensive treatment by the government against syphilis. We should be able to help the government, as the Protestants are, which would double our influence with the population to the greater good of our holy religion.

"Cerebro-spinal meningitis, plague, pneumonia, dysentery, chicken-pox, leprosy, numerous eye diseases, sores which take years to heal due to dirt and lack of care are, in short, the principal diseases from which our pagan and

also Christian people suffer, although the latter have already received a knowledge of the first elements of hygiene and sanitation. Leprosy, though spread all through the country, is particularly fearful in the district of Kigezi. The Protestants have a leper settlement there, and several of the patients are Catholics.

"The total population of the Vicariate is not more than eight hundred thousand; of this number, one hundred and twenty thousand are Catholics, with about fifty thousand catechumens more or less close to baptism. It is evident that for such a population a hospital is necessary. Maternity centers are especially welcome everywhere. It seems to me that some good American millionaires should be attracted to our Africa in order to found a work which will perpetuate their name after having raised them to the level of great benefactors of humanity and great propagators of our civilization. I pray for you, my dear doctor, that you may find that charitable person in order to come to our aid. . . ."

Gulu, Uganda

"... Health conditions vary with the locality but in general the prevailing diseases are elephantiasis, leprosy, malaria, and sleeping sickness.

"There is one special disease, and that is framboesia, commonly called yaws. There are cases of pneumonia, due to the sudden changes in temperature and the fact that most of these people are so scantily clothed. I do not think that consumption is unduly prevalent in this section. We have had cases of cerebro-spinal meningitis, and there have been cases of small-pox. It may interest you to learn that from time to time cases of poisoning are reported, especially among the Madi tribe. In poisoning one they apply the poison to a tender part of the hand when the person being poisoned is unaware of the fact. It sometimes takes hours to do the work, but it is always done very effectively.

"The mothers generally give birth to two or three children at the most. Not infrequently the first-born dies, because of the inexperience of the mother, who generally marries shortly after puberty. In the Karamaja district quite the opposite is the case, and this is due to the fact that the bridegroom has to furnish a large number of cattle to the father of the bride. Generally the children die at the rate of one out of every three. This is due principally to malnutrition and also to the fact that they are not properly clothed. Pneumonia sets in and the result is fatal. Many of the mothers allow the children to eat anything, any time, and anywhere. Our Sisters are doing excellent work in educating these people to a proper sense of maternal solicitude. These African mothers most certainly do love their little ones and their

apparent neglect of them is due chiefly to ignorance. . . .

"We have no Catholic hospitals though we do have dispensaries—little buildings set apart for this purpose—and the natives come most willingly for they have confidence in the charity and the ability of our Sisters. Unfortunately we have not a great supply of medicines. Because of the poverty of our missions we are unable to buy medicines from either Kampala or Nairobi, the prices of which are generally prohibitive. Certainly medicines are a means of helping people in mission countries. The natives have confidence and implicit trust in missionaries. The medicines we stand in need of are purgatives and disinfectants; bandages and adhesive medicated tape are always useful.

"I will not expatiate on the great work you are doing; suffice it to say that I earnestly beseech God to bless you and your co-workers. . . ."

Kumasi, Gold Coast

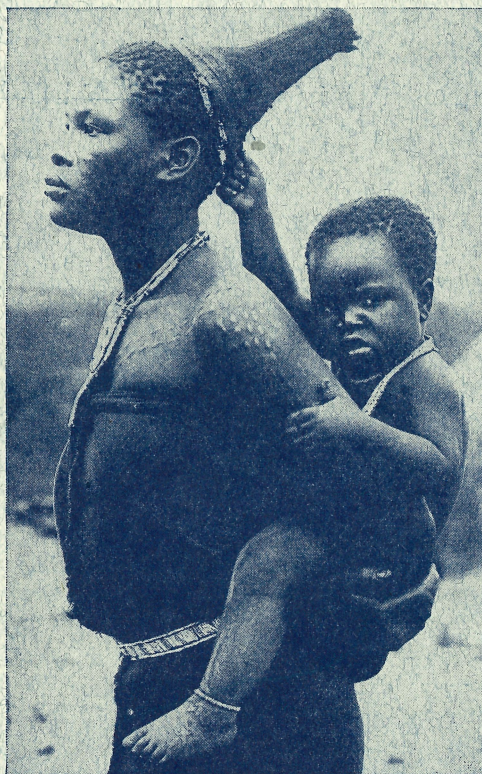
"... The Vicariate of Kumasi is of very recent date (1933). The only town or large center worth the name is Kumasi. Here, as regards sanitary conditions, everything is really up to date. There is a government hospital for Europeans and another for natives, both fully equipped with European and native doctors and nurses. There is also a child-welfare center under the supervision of a European nurse. There are a few qualified native doctors with private practice in town, and one European dental surgeon. Contagious diseases are attended to in a "contagious disease hospital," where lepers may go and stay or have their wounds tended to as outpatients. The "sanitary department," composed of one European doctor and several dozen of "inspectors," looks after the sanitary condition of the town and keeps compounds and streets clean and free from insect pests. On the whole, it seems to me that the town of Kumasi is really well looked after and provided for.

"For the rest of the district it is different, except in some more important centers where a District Commissioner is stationed. In these centers there is generally a hospital with dispensary for natives; the Europeans, if any, being

transferred to Kumasi in case of emergency. But these doctors are few in number and have a very large district to look after. The natives come to the dispensary, where they are properly attended by qualified native nurses. Only a few can be treated in these institutions; the greater number are left to the care of so-called 'medicine men,' who generally are not altogether ignorant of the healing properties of some plants but whose concoctions are made and applied in such a way that more often than not they prove fatal to the patient.

"Some Protestant missions, established in this country long before the Catholic missionaries arrived, have hospitals and dispensaries. The 'Basel-Mission' has a very well-equipped hospital at Agago and generally the missions have a dispensary attached to them. But their task becomes more difficult every year since the government is very strict about the practice of medicine, allowing no one to exercise the art unless duly qualified. The work of the mission dispensaries is therefore limited to the tending of wounds and of the administering of patent medicines.

"The Catholic missionaries make very good progress in this country and are not only willingly accepted but are everywhere asked for. The tending of the sick would increase the confidence of people and attract them by thousands."



Notice the Tattoo Marks on Arms and Shoulders.

Moshi, Tanganyika

"... The people are not robust in this Vicariate, and as a proof the native has no resisting power. Old or young, he or she goes down like a lump of lead if any serious illness comes his way. The trouble, I fear, is a dietary one. This is a capital question. It is being studied at present very carefully by a commission of specialists, working in different parts of Africa.

"On the Kilimanjaro Mountain and in all mountain districts in our Vicariate chest troubles, tuberculosis, pneumonia are the common diseases. The climate is damp and chilly a good part of the year. In some tribes the animals are housed in the same huts as natives, with the result that there is great heat in the hut and relatively intense cold in the mornings outside.

"It was a struggle in the beginning to get mothers to give proper care to their babies. Infant mortality was much higher in former times than now. There has been a great change since mothers nurse their babies regularly. The Sisters have done excellent work in health education and have trained some Catholic women as midwives and everything is done perfectly in and around mission centers and knowledge is extending in every direction, even to pagans. Government and Protestants have also done and are doing their share. Instruction for the mothers before and after birth is spreading rapidly. (Official estimate of infant mortality is 90 per cent.—Ed.)

"... The infant mortality in the first year is lower, but the trouble begins after the child is a little older. Every effort is made by the Sisters to get young mothers to give proper food to their children. The missionaries give practical instruction in these matters in conferences to the young married people, stressing the moral duties of parents.

"The Vicariate of Kilimanjaro is under the care of the American Province of the Holy Ghost Fathers. We have only three hospitals and seven dispensaries. The government has immense native hospitals as also dispensaries and native dispensers scattered in the country. The Protestants also have a couple of hospitals. We certainly need a lot of medical material and more hospitals and dispensaries, as well as doctors who are ready to bear a little of the life of missionaries and who are content with what can, in present circumstances, be afforded in the way of operating rooms, etc. We are far from Johns Hopkins or Bellevue or Saint Vincent's, New York. . . ."

Nyassaland

"... I cannot say that there are diseases peculiar to Nyassaland, but I think that all the tropical diseases can be found here. There are no trained midwives. Old women, knowing absolutely nothing in the matter, pretend to help the patient. In some tribes the future mothers are confined in roughly made huts; in others they are left on the bare and dirty ground. Think of how many cases of infection followed by death are the result of these methods.

"... The Catholic hospitals in the Vicariate are ... ONE! It has twenty-five so-called 'beds.' We also have a leper asylum, where more than one hundred patients are treated. This asylum is the most appreciated in the district. NO DOCTOR. The Sisters do their best in these hospitals. They also have a dispensary in each of the four mission stations which have the good luck to possess them. They go out on sick calls to the villages every day, within a radius of six or seven miles. This is all the Catholic medical attendance we have for ninety thousand Christians and thirty-three thousand

catechumens and thousands of pagans under Catholic influence.

"... The Protestants have three well-equipped hospitals with fully trained doctors in charge of each. At Zomba the government has the largest native hospital of the district. It is newly built and has up-to-date equipment. There are also a few government hospitals here and there in the Vicariate and dispensaries run by native dressers. The government also sells medicines to missionaries at cost price, or nearly so.

"... It has always been the great desire of His Lordship, our Bishop, to do something in the point of view of medical assistance, but until now it has been totally impossible to do anything more than what has been done because of lack of resources."

Orange River

"... The population in our Vicariate consists of two races: the 'boers' of European descent, the privileged, the 'well-off' as the English say. All medical aid is provided for them either by the state, their church, or by their own means. The other class, the one which interests us most, the one among whom we labor, consists of Hot-tentots, Damaras or Metis, the 'mixed race.' These are the outcasts of this world, the poorest of the poor. The majority of them do not possess any worldly goods. They earn their livelihood by their labor, which is badly paid. Their 'locations' in the black villages have no sanitation rules at all. Their huts of dried corn-stalks or cane offer them very little shelter—one would hardly give them the name of houses. Poverty, famine, lack of proper clothing in the winter, absence of all sanitary measures, all these do their unhappy work among the poor disinherited of this world. Syphilis, tuberculosis, malaria, typhoid fever, take a heart-rending number of victims from among them.

"What do the missionaries do? We do what we can. Each mission has its little dispensary, limited in its activities because of its poverty. One experienced Sister busies herself with the sick and cares for them. Our financial means are hardly sufficient to prevent us from dying of hunger with our flock. It is therefore useless to think of engaging or calling in physicians and qualified nurses; we cannot pay them. Those who will come and provide for their own support and sustenance will be received as messengers from heaven and their charity will find a limitless field of activity. These are the conditions under which we labor. It is you who can see if and how you and your SOCIETY OF CATHOLIC MEDICAL MISSIONARIES can help us. The least little alms will be received with the greatest gratitude. Medicines, clothing, money are all very welcome, and our prayers and those of the sick will ascend to Him Who promised to give

a recompense to whoever would give a cup of cold water in His Name. . . ."

These and other letters which African Bishops had the kindness to write show their solicitude for the welfare of the Christian and pagan population. *They plead for workers and means in strong and simple language. May I ask each reader to say a prayer that their pleas will be heeded?*

Miscellaneous African Notes

The Nigeria Leper Colony

In the advertising pages of the CATHOLIC NURSE, England, we read the following:

A QUALIFIED MEDICAL WOMAN (Catholic) is required to take charge of a leper colony in Nigeria for twelve months, to enable the doctor in charge to come home on leave. For further information write to Mlle. M. Hendrickx, 13, Rue de Berlaumont, Brussels, Belgium.

In the same issue of the magazine we read a further description of this very large leper colony. It was recently founded by British and Belgian efforts, and numbers 200,000 lepers. A creche, a school, and medical services are included in the work of the colony.

Deaths From Yellow Fever

Two African missionaries recently died of yellow fever in the Prefecture of Jos in Northern Nigeria: Rev. Anthony O'Dwyer and Rev. John Marren, the one only three years ordained, the other two. Father O'Dwyer "nursed Father John Marren, anointed him, dug his grave, and prayed over him," and a week later he, too, went home. Their deaths recall the early days of the Society, when only one priest was left to carry on the work after Father O'Hare and his four companions died of yellow fever six weeks after their arrival in Africa.—THE AFRICAN MISSIONARY, Dec., 1937.

East Africa

In "Views and Customs in Our East African Missions" Rev. Father Eberhard, O.S.B., Ph.D., gives an enlightening account of the "Medicine Man" who enjoys an almost unlimited degree of distinction because of the superstitions of the native people. As illness and death decide almost exclusively the religious attitude of the pagans, Father Eberhard comes to the conclusion that the best weapon against paganism is medical mission work, especially mission hospitals, whose good influences are such a valuable means of spreading the Faith.—PAX, Jan., 1938.

The African Missionary Society

The Motherhouse of the African Missionary Society, now located at Lyons, France, is to be transferred to Rome. In addition, the Society is to erect a Roman College for some of their ecclesiastical students from Ireland and the Continent.—THE AFRICAN MISSIONARY, Dec., 1937.

*Native
Architecture
in South
Africa.*





She Still Lives In Lisieux

By

REVEREND JOHN S. KENNEDY

The MEDICAL MISSIONARY is fortunate in obtaining this delightful account of his visit to the home of Saint Therese of the Child Jesus from the pen of Father Kennedy, associate editor of the "Catholic Transcript," Hartford, Conn. The Little Flower, as she is affectionately called, has been proclaimed by the Holy Father, Pius XI, the Patroness of the Missions.—Editor.

LISIEUX is a very busy town. Always, early and late, its streets are full of the suppliants who have come on eager pilgrimage to the scene of the Little Flower's blossoming. The frequent trains from Paris are crowded to capacity and beyond, and it is both interesting and gratifying to note that almost all the numerous and various passengers on these trains alight at the fine new station which is lettered "LISIEUX."

I was fascinated by the town. I had been told that it was frightfully "commercialized" and that I should be revolted by the ingenious, but hardly ingenuous, extremes resorted to by the citizenry in capitalizing on the fame of their sainted townswoman. The cries of hawkers and the clink of coins, I was assured, had driven out the spirit of the exquisite but hidden flowerlet. There is some justification for these charges, but I found it quite untrue that the merchants' capitalizing on the accident of Saint Therese's birth and residence in Lisieux has made reverent and fruitful pilgrimage quite impossible. The sweet but potent spell of the Little Flower still pervades the town, and even the casual visitor is deeply affected as he goes about her native place.

He does not go about alone. As I have said, Lisieux is popular. While I was making my way from one point of interest to another, from the Carmel to the basilica, from the cemetery to the Martin home, from the church wherein Saint Therese was baptised to the school which she attended, I met people of all nationalities, of all ages and types. I met aged French women in the native dress of Normandy, their unblinking eyes a liquid black, their furrowed foreheads weatherbeaten, their smooth hair white under their starched and spotless headdresses. I met little children in pinafores and round straw hats: little boys sturdy of limb and lusty of voice, little girls with eyes like cornflowers and hair like ripened wheat. I met Germans, quiet, heavy-jowled, obviously deeply religious. I met Englishmen, camera in hand and anxiously hunting tea shops. I met Americans, many of them, lively, interested in everything, making their way into places in which they were welcome, places in which they were unwelcome.

But, above all and everywhere, I met the per-

son, the official recognition of whose sanctity has made Lisieux a crossroads of the world. Yes, by indirection I met the Little Flower, and I have not yet forgotten, nor can I ever forget, the lessons taught me by my shadowy contact with her.

I met her first in her home. Or should I say her family's home, for surely Carmel was her true home above any place else on earth. The Martin residence is substantial and comfortable, well built and well furnished. Set apart from the town in a spot sheltered by many luxuriant trees and graced by a carefully laid-out garden, it is obviously the residence of a family of means. It is sizeable and expertly planned. Its furnishings are of apparent quality, quiet but handsome. As one is shown about, he realizes that Saint Therese was one saint who in her early life did not know the pinch of want and who, in embracing the austere poverty of Carmel, made a considerable and costly sacrifice. Frequently those of us who enter religion are embarrassed by the praise heaped upon us for "giving up so much." We know that some of our relatives in the world are less favorably situated than we, at least so far as physical needs are concerned, that we have come from comparative insecurity to comparative security. But the Little Flower went from comfort to discomfort, and gladly, eagerly.

There is something peculiarly pathetic and mightily moving in the collection of relics on display in the Martin home: the little bed whereon the saint lay during the grave illness which she suffered when she was ten and from which she was relieved by the miraculous intervention of Our Blessed Lady, the obviously played-with dolls, the carefully preserved toy tea set, the small catechism with its frayed edges, the geography from which Saint Therese learned of the remote and alien lands on which she would from heaven rain the roses of her miraculous favors. All of these emphasize the humanness of the saint, and for me made deeply impressive the truism that God can use the most un-extraordinary person as an instrument of His grace.

A school session was in progress when I visited the convent which the Little Flower attended for her early education. I saw small girls bending over their books in the very rooms which were the scene of Saint Therese's training. In the convent's spotless chapel a quiet-spoken nun pointed out the place in which the frail school girl knelt to receive her first Communion. In

another place there was an exhibit of her school books, samples of her writing, pens used by her, her knife, fork, and spoon. All these things were in no way different from the equipment of her schoolmates. Indeed, they were almost identical with the equipment used by the girls who attend that school today. The routine and the means and the appurtenances of education were for one of the most highly favored of God's saints quite the same as for the hundreds of nameless children not singled out for a stupendous mission or marked with evidence of the divine predilection.

And this greatly impressed me. We so readily except ourselves from the law of routine and regularity which falls upon persons of every degree. For no valid reason we imagine ourselves different or superior or exceptional. The ordinary way is not for us. Spiritual precocity is our ambition; spiritual fussiness our characteristic. Then we are confronted with indications to the contrary such as these evidences of the Little Flower's humble, obscure, ordinary preparation for a work singular and even stupendous.

I had some difficulty in getting to see the special relics which are kept in the sacristy of the Carmel chapel. I did not know that these select and particularly touching mementos are open to public inspection for but a few hours about noon. When I arrived after closing time, I had to employ every imaginable means of persuasion in order to get a glimpse of them. But my heart was set on seeing them, so that no effort was too much. Finally I was successful. The bright-eyed, friendly little man who was mopping the sacristy floor did his best for me, and, after an eloquent plea to the Sister in charge, spoken, of course, up the dumb waiter, he smiled broadly and motioned to the grill which ran all along one side of the room. I faced about and as I did so the metal curtain behind that grill began to move upward; in a moment the collection of relics was in full view. I looked eagerly at all

of them: Saint Therese's hair, cut off upon her reception into Carmel and preserved by her father, her first communion dress, one of her habits, a painting done by her, pathetic little disciplines, things which she used in her duties as a sacristan. Then my attention returned to her hair. It was beautiful, long and curly, a warm gold in color, not bright but rich, and with a lifelike sheen. I thought of the pictures which her sister had painted, of the photograph which shows the glowing eyes and the well-shaped face. That fine face had been framed in unusually lovely hair.

Saint Therese must have been striking in appearance, a girl of notable beauty. Yet even in the world that beauty had been decently clothed. The first communion dress, which I could see without so much as glancing away from the hair, was a model of modesty. It wasn't freakish or ugly, in avoiding any extreme of dowdiness it also avoided any semblance or suggestion of immodesty. The religious habit was, of course, severe in its plainness and simplicity. The Little Flower had not suffered her physical loveliness to obscure or interfere with or detract from her



"She Still Lives in Lisieux"

From a Photograph in Possession of the Society of Catholic Medical Missionaries

spiritual loveliness, her inner beauty.

One of my last stops in Lisieux was the cemetery in which Saint Therese's body rested for some years. This cemetery is outside the town and is reached by a country road which runs between tree-dotted meadows and past the new basilica that Cardinal Pacelli dedicated last July. It is a highly interesting place, from the caretaker's lodge at the gate to the most insignificant monuments. As I walked along its gravel paths, the sun was bright on the high grass in the fields below and birds were lazily flying across the cloudless sky. I paused to pray at the grave of the Little Flower's parents. Many have left upon it small stone tablets bearing the inscription "*Merci*," in thanksgiving for signal favors said to have been secured through M.

(Continued on page 43)

High Spots on a Mission Cruise

ANNA DENGEL, S.C.M.M., M.D.

On the Way to Hindustan

IT TOOK the *S. S. Reliance* a week to make the journey from Madagascar to Bombay. A brilliant Valentine Costume Ball and sundry excitements and entertainments provided thrills during the hot days of plying through the Indian Ocean. Everyone except the chronic globe trotters was keyed up for the forthcoming sights.

Our American lecturer, Dr. Noehren, contributed not a little to that spirit by giving full vent to his love and admiration for India where he had spent thirteen happy years in the capacity of government adviser on student health. He was right when he said that the aspects of life in India are so varied and so deeply buried from the eyes of the superficial transient that only long residence and sympathy reveal even a part of the true heart of Hindustan to the foreigner.

Dr. Noehren gave an apt illustration of the frequently stressed paradoxes to be expected by giving a few observations specially striking to him as physical health educator. "It is part of the confusing contrasts that this exotic land presents," he said, "that although many are undernourished and live in a state of perpetual weakness, potentially these ancient people are immensely skillful in their physical reactions. You have only to observe the uncanny grace with which a *toddywallah* runs up the smooth trunk of a tree, the skill shown by a Madras fisherman in piloting his primitive *catamaran* through the pounding surf, or the delicate way in which native spinners weave the most intricate patterns into the woof of a silken sari, to realize the astounding muscular co-ordinations inherent in the people. In 1924, for example, we promoted India's first participation in the Olympic games. On that occasion an untrained but beautifully built Sikh prince won sixth prize in the broad jump. In 1928, at the Amsterdam Olympiad, we organized an Indian field hockey team which, pitted against the best players of the world, 'brought home the bacon'. And when you see the amazing sculptures on temple and palace walls, the gigantic remains of ancient structures, the titanic problems involved in the raising of the *Kailas* atop the *Gopuram* of the Madura temple ask yourself if such a people can be dismissed lightly. Do not be dogmatic in your judgment or form snap opinions based on Western standards only. You have but ten days in the country: you cannot do more than lift the veil."

Since in the popular mind much of India's mystery and fascination is derived from accounts of the glamor woven about her native potentates, it was interesting for the passengers

to hear the story of a personal experience of Dr. Noehren with the Maharaja of Patiala. He happened to call on His Highness at the auspicious moment when he had just won a tennis match against European opponents. The purpose of Dr. Noehren's visit was to ask for fifteen thousand rupees for travelling expenses for Indian boys going to the Olympic games. The request was granted on the spot. In addition, Dr. Noehren was royally entertained. A suite of rooms and servants were put at his disposal. When he went to take a bath two men appeared to scrub him. (On the Western hemisphere such a luxury is available only in a hospital.) For dinner peacocks were served on gilded plates. Dr. Noehren was taken to the station in a Rolls Royce especially constructed for His Highness. The makers had not forgotten that India is a thirsty country: the car was provided with neatly arranged compartments for an assortment of drinks.

Many other interesting topics were brought to our attention which we could only view in bird's-eye fashion, such as the religions and customs of India, the government, the civil service system. The American hostess gave a group of eagerly listening ladies the benefit of her shopping experiences in the Orient, with plenty of tips about curios, jewels and carpets. Space does not permit me to say more about these intricate and fascinating subjects.

I cannot refrain, however, from adding one more thought. It is not so much for prospective globetrotters as for the peace and calm of mind of the mothers and fathers of our "missionaries-to-be." It is a bit of advice given to the passengers by the experienced Dr. Noehren. "These fearsome ladies (and I would add gentlemen too) who had armed themselves with cholera belts, spine pads, citronella oil, cases of bottled water and a whole pharmacy of drugs, will find that they have overestimated the 'dangers' of an Indian journey. Keep yourself relaxed on the train, wear a topee when sightseeing, drink bottled water dispensed on all trains and in hotels, take your tea without milk and you are as safe as in New York or Berlin," he said. "Why spoil your trip by a bogey of fear that is but a delusion spread abroad by misinformed alarmists."

India At Last

February the twenty-first was the great day of our arrival in India. For me it was the third landing and, I hope, not the last. I separated

from the party and took the first Punjab mail train in order to spend every available hour with our Sisters in Rawalpindi.

As the only way to get goods into India cheaply is to take them along personally I had a vast amount of luggage containing everything from surgical instruments and baby clothes to pills and bandages for the hospital and belated Christmas gifts of American candy for the Sisters. One coolie handled it all. I suggested an assistant but he did not wish to share the profits. It is really amazing how strong, agile and clever they can be with luggage. They help one another in putting heavy boxes on their heads. My coolie luckily secured a small carrier. Since he had no rope with which to strap on the trunks and boxes he untwisted the *pugri* (turban) from his head and used the yards and yards of pink muslin for fastening them. When the job was accomplished, he calmly wound his *pugri* around his head again.

As far as Delhi there were few people in the compartment and consequently it was relatively comfortable. The dust, however, was terrific. Closing of windows had no effect as Indian dust defies all barriers. The landscape was somewhat blurred because of dust laden windows but here and there we spied thatched mud huts clustered together into villages or ugly water buffaloes chewing the cud in pools especially excavated for them; herds of goats with their nonchalant keepers, and the graceful figures of Indian girls carrying water on their heads were welcome breaks in the monotony of long stretches of plain.

We noticed some pretty birds and also saw some vultures going about their useful business of scavenging. In one place long-tailed black and white monkeys amused us with their antics. The Punjab train stops only at the larger cities. The crowds of travelers squatting on the platform surrounded by painted tin trunks and bundles of bedding as well as endless sundries, the hustle and bustle of the coolies, the cries of the food vendors dispensing their delicacies, steep one in the Oriental atmosphere and when the train moved on it was like the falling of the curtain after a very interesting scene.

My traveling companion for the greater part of the journey was a nice Mohammedan woman who told me that she had married ten years previously at the age of eleven and that she had been in purdah ever since. Of course, being in a woman's compartment, she had her face unveiled but when the train stopped she pulled the *burkha* over her face. Soon she offered me some *pan* (betel nut) which I politely declined, but I watched her preparing hers. Her pretty *pan* box, made of brass, contained a bunch of glossy leaves. She took one and spread it with a little chalk, a bitter aromatic called *khatta*, powdered tobacco and finely cracked nutmeg. The whole was dexterously rolled together and committed to the oral cavity to be chewed and enjoyed. She mentioned that tobacco was the most important ingredient and enumerated a whole list of spices such as cloves and cardamon which may be added. She said that she chewed *pan* at least twenty times a day although many people used it oftener. Some actually swallow it but the majority spit it out again when it has done its work. In her opinion it is bad for the teeth. In any case it does discolor them and gives the tongue and lips an ugly red hue not to mention the stains it leaves wherever it is propelled. However, it serves as a mild stimulant equivalent to smoking and to the average Indian is as much a necessity as a cigarette is to an American.

My charming little companion, who could neither read nor write, did not know much beyond her own world and having no children about whom to talk she tried to make conversation by telling me

something of Mohammedan customs and feasts. It gave me a splendid chance to revive my Hindustani.

In Delhi people began to pour into the train. Suddenly a Medical Missionary dressed in white stood in the doorway. It was like an apparition! Sister M. Helen, superior of our house in Dacca, was on her way to Rawalpindi where we had arranged to meet since time did not permit my going to Bengal. To find one another in the crowded train at Delhi and even to be assigned the same compartment was an extremely happy coincidence. The trip was very pleasant and



The S.S. "Reliance" Leaving Madagascar.

seemed short for we had much to say. After about fifty hours of railroad journeying we arrived at our destination on February twenty-fourth and were met at the station by Sister Mary Laetitia and Sister Ann and in the hospital by all our other Sisters. I was happy to find them all well. Greetings over, Benediction of the Most Blessed Sacrament, in the new Church, was announced. I was delighted that what had been but a plan when I left India two years previously had now become a reality. The Church was lovely, large, airy and simple and serves as a school for the outcaste children as well. The Presentation Nuns from Ireland teach.

The following day I made rounds in the hospital and chatted with the patients and native nurses. I teased one of the Bengali student nurses and told her that Bengal was much nicer than the Punjab, asking if she wouldn't like to go home. "No, no," she protested, "I want to become a nurse first." The nursery was crowded; everyone loves these unwanted tots. The nurses actually spoil them and are as proud as Punch when they can show them off in a nice pink or blue frock.

The work has increased much since my last visit. Fortunately there was a little lull at the time of my stay so I had a chance to see more of the Sisters.

February twenty-eighth came all too soon. The few days had flown rapidly and much as I would have liked to stay longer, I had to leave in order to be in Bombay in time to meet the boat. The first part of my return journey was uneventful but from Lahore on the train was so crowded that I had to stand most of the time or sit on the edge of someone's bed. At each station I asked the guard to have pity on the women and relieve the congestion and at each station he promised to wire to the next for more accommodations. But nothing was done; on the contrary more and more women were jammed in until finally no one could stir. A heavy trunk almost fell on a sleeping child. It was a night

of terror but a proof of what inter-travel can be in India especially for helpless women. When we reached the outskirts of Delhi early in the morning a Hindu woman threw two annas out of the window into a pool as an offering to the gods. From Delhi to Bombay the train was very dusty but otherwise travel was normal again. I reached Bombay on Sunday morning and heard Mass in a very crowded Cathedral. During the day I had several hours in which to visit with friends. Conversation turned to such subjects as the

rapidly changing order of things in India, the increase of schools for boys and girls, the spreading realization of the value of health as a national asset and consequent demand for it, red leaders trained in Moscow, the forthcoming tottering of idols, the possible persecution of Christians. India, like every other country in the world is in a stage of transition, with this difference, however, that in India the transition is more painful because it is more rapid than in many other spots of the globe.

At 7 o'clock that night our *Reliance* sounded the whistle which said "good-bye" to Bombay. I said "Auf Wiedersehen!"



"The Uncanny Grace With Which a Toddywalla Runs Up a Tree."

Loh Pa-Hong

When I heard of the treacherous assassination of Loh Pa-Hong, two

pictures flashed like lightning before my mind's eye. One was the back yard of a huge institution and prison bars, behind them human beings who on closer inspection in the twilight of the evening proved to be meek-looking Chinamen. The guide who took me through St. Joseph's Hospital, Shanghai, told me that they were sick prisoners who were allowed to be treated here by the Sisters of Charity.

The other was a large hall on the same premises full of old Chinamen reciting the Rosary in their sing-song way. All this and very much more is due to Loh Pa-Hong's initiative and charity.

Having visited some of the institutions founded by him, many of them containing thousands of inmates, I can only marvel how one man has been able to accomplish so much. It is one of my life's privileges to have met this zealous Chinese Catholic who liked to call himself "St. Joseph's Coolie," but whom others style "The Vincent de Paul of the Orient."—*Anna Dengel.*



Finding the Motherhouse

We have an oft repeated one-act-play at the Motherhouse which goes something like this:

Ting-a-ling (the telephone): "Medical Mission House."

Voice: "This is So-and-So. I'd like to come out this afternoon to see Sister X. How do I get out there?"

Then follows a long explanation about finding the Catholic University, then the Sisters' College, before reaching which you cross a railroad track and find two intersecting roads. Be sure not to take the one you think it would be, but take the other one—the dirt road which is bumpy (at present muddy) and apparently leads to an Indian Jungle. Hours later the visitor turns up with the explanation that she (or the taxi) drove all around the University, took the wrong turn and finally landed somewhere around the Soldiers' Home. Some never do show up and a few days later you get a letter saying how sorry they are but they couldn't find the place.

Distinguished Visitors

So then it surprises us that so many distinguished visitors, truly heroic souls, find their way to our wilderness and honor us with their greetings. We will not attempt to list all our guests but here are some who came to see us within the past few weeks.

The Most Reverend John Collins, Vicar Apostolic of Liberia, Africa. His Excellency has worked in the "Black Republic," commonly called "the white man's grave" since 1913. Three years ago he was made Vicar Apostolic. He is very much interested in obtaining medical aid for his people. Extracts from His Excellency's letter to Doctor Dengel about the status of medical care in Liberia will be found on page 28. Needless to say we are only too anxious to extend our work to Africa as soon as our numbers permit.

Reverend P. J. Sontag, S.J., pioneer missionary in Patna, India, and for seven years Superior of the Jesuit Missions there, delighted us

with a two-and-a-half hours lecture (we forgot to look at the clock) about his beloved Santals and Chamars. We are keenly interested in the Patna mission as it is there we hope to make our next foundation.

Reverend Paul Schulte, O.M.I., the "flying priest," in spite of his crowded schedule, managed to find the Medical Mission House and renew his acquaintance. We mentioned before that we had the pleasure of viewing his excellent picture, "The Flying Cross," and of hearing Father Schulte describe his own experience and the work of the "Miva" of which he is the Founder and President. Father Schulte promised us airplanes if we will come to the Arctic and take care of his dear Eskimos. Alas, until we can fill the other places we promised in India and Africa the Arctics will have to wait, although plenty of us are willing to go.

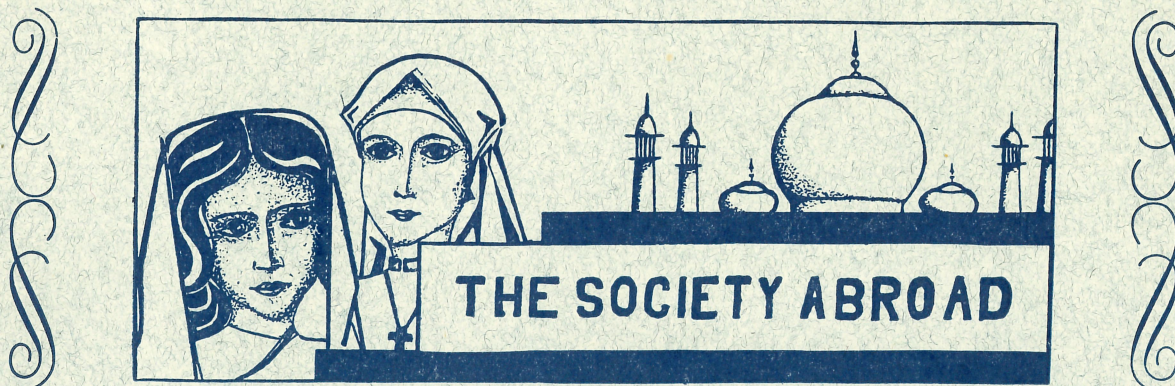
Mother Mary Joseph, Mother General of the Maryknoll Sisters, surprised us with an all-too-brief visit. She and her companion while in Washington thoughtfully remembered that the Medical Missionaries had their Motherhouse in this part of the world and we certainly appreciated her call.

Reverend John J. Scally and Reverend Vincent Jeffers, of the Propagation of the Faith Office, Archdiocese of New York, also honored us with a visit. Father Scally and Father Jeffers do everything they can to promote interest in our work. We are greatly indebted to them.

"Growin' Pains"

Through the kindness of Rev. Gilbert V. Hartke, O.P., and the Blackfriars we had the opportunity of attending a special showing of "Growin' Pains," which we thoroughly enjoyed. We still have to chuckle, on occasion, over the originality and cleverness of the play which was so well done.

The Blackfriars' Guild is a non-professional theatrical group, Catholic in origin, conception and purpose, organized to stimulate, develop, encourage and to present drama based on sound philosophy, sound sociology and sound ethics. It deserves the support of our Catholic people.



England

Address: Medical Mission House
98 Thornbury Road
Osterley, Middlesex, England

Cardinal Hinsley

The elevation of the Most Reverend Arthur Hinsley, Archbishop of Westminster, England, to the Cardinalate is an occasion of special rejoicing for our Sisters in London and for the entire Society of Catholic Medical Missionaries, on account of His Eminence's realization of the scope and need of Medical Missions due to his vast experience as Apostolic Visitor to Africa. It is our prayerful wish that His Eminence may be granted many years to continue his work for England and the Church.

The Charities Bazaar

The Medical Missionaries had a stall at the Catholic Combined Charities Bazaar which was held at the Kensington Town Hall under the patronage of His Eminence, the Cardinal of Westminster. Sister Elizabeth, the Superior of the Medical Mission House in Osterley, sent us an account of the affair, part of which is here quoted:

"The postulants each made a dress for a large doll which we raffled. Lady Boyson, who had most graciously consented to be our patroness, was also one of our first and best customers. . . ."

"We cleared almost eighteen pounds but for a great number of our sales we must thank Miss Willis. One customer after another would come up to us and say, 'What can I buy, Sister? Miss Willis will never let me leave unless I can tell her I have bought something at your stall.' Miss Willis is the organizer of the Bazaar and she is never so busy that she cannot stop and tell someone about our work. . . ."

"Space does not permit us to mention by name all the kind friends who contributed articles, but we thank them all from the bottom of our hearts and we have and will continue to remember them in our prayers. In particular we shall remember one elderly gentleman who most kindly build a beautiful little toy shop. It must have taken many hours and we were glad that it sold so well."

Crossing Seas

Since then the three postulants (two from Holland and one from England) have sailed to the Motherhouse in Washington, D. C., to begin their novitiate. There they were most heartily welcomed by the American postulants and by all the novices and professed Sisters.

Rawalpindi

Address: Holy Family Hospital
Murree Road
Rawalpindi, India

Getting Initiated

We eagerly look forward to letters from the latest missionaries in the field, wondering what their reactions are to India, how they like the climate, the work and other things. Sister Bernadette, who used to run a mile if she saw a mouse, surprised us with the following:

"Saturday we went with Sister Stephanie to visit the sick people in their huts. You should see the joy with which they welcomed

us everywhere. Their dirty little rooms were filled with smoke and it was hard to stay inside more than two minutes. But Sister Stephanie did not mind the dirt and the smoke. She and I went to one place where we had to get a cow and a buffalo out of our way before we could enter. Can you imagine ME, Sister M. Bernadette, pushing the big animals away? I think I have become very brave these days; I'm not afraid of anything any more!!"

Where Are the Babies?

Sister Stephanie has her own version of the problems of a Health Visitor. As part of the program of the new Maternity and Child Welfare Center in Rawalpindi the Municipality endeavors to obtain birth reports from the native *dhais* (midwives). With the aid of these reports the Health Visitor looks up the newborn babies—and, I suppose, does what she can about giving advice or aid. Anyway, here is Sister's story:

"In order to help me find the newborn babies as soon as possible I get a copy of the birth reports every week-end from the Municipality. It took us months to get people to send in these reports and I do not know now if it is really an advantage. Before we didn't know how many babies were born in our district; now we know but cannot find them. . . .

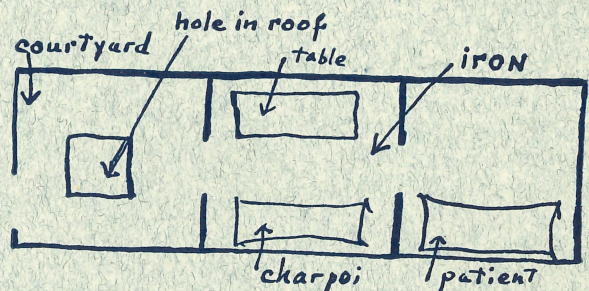
"As I looked over the reports one morning I saw one with the address Ghanghi Mohalla, New Murree Road, Washing Factory. Well, I said to myself, I certainly ought to be able to find a factory. But, you know, you can't be sure of anything in India. Addresses mean nothing and I think every postman deserves a gold medal. We started off.

"The outside of the so-called factory looked like any old house here in India. We entered through a low door which had an old potatoe sack hanging in front. We found ourselves in a very small, roofed-in courtyard. The roof had a large hole in the center. Except for the door we entered, this hole was the only source of air and light for the whole house.

"From the courtyard we went through a low door into the first room. This room was just large enough for a charpoi (string bed) which was on one side and the table for ironing on the other. I almost fell over the iron which was on the ground but the smoking coals inside warned me of its presence. The

next room, which was the rest of the house, had no light whatever, as the light from the roof hole could not penetrate that far. There, guided by the sound of a voice, we found the patient lying on a charpoi at the right. I tried to get hold of her hand to feel her pulse but at first was not successful. Sister Therese, the Indian Sister who accompanied me, was able to find the baby which we took out into the courtyard so we could have a good look at it.

"This is an example of how people are needlessly depriving themselves of air and sunshine, which are free gifts of God. Here is a little sketch of the house in case my explanations are not so clear.



"By the way, I forgot to investigate where they washed the clothes, but I will do so on my next visit if I ever find the famous 'washing factory' again."

She Wanted to Be Sure

Sister Camillus is getting her share of experiences, amusing and otherwise, and sent us some interesting anecdotes. The following incident is one she observed in the dispensary and which helped impress on her mind that "*East is East.*"

One woman brought her sick baby to the dispensary and seemed very eager to follow all the directions. Sister handed her a bottle of medicine and explained that she must give the baby so much three times a day. The medicine should last at least three days.

"Sister," the woman said, "Tell me again. I want to be sure to remember it."

Carefully Sister went over the simple instructions and had the woman repeat it after her. When she finished the woman said, "Sister, will you write it down. I want to be sure."

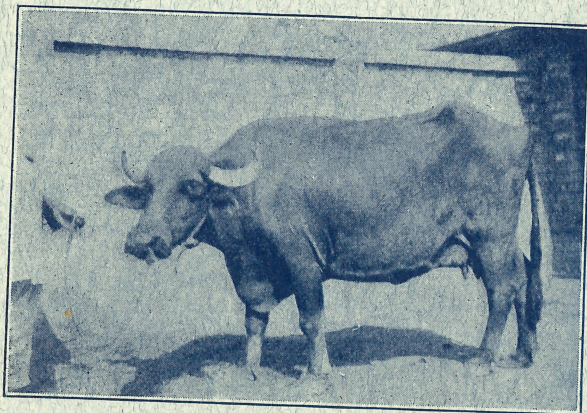
"Can you read?" Sister asked.

"Oh, no." She hadn't thought of that. So very patiently Sister went over the instructions again. Satisfied the woman went as far as the door and then returned again.

"Sister, will you tell me once more? I want to be sure." Sister did.

The next morning she turned up with the empty bottle of medicine. She had given it all to the baby the first day.

She just wanted to make sure.



Can You Imagine Sr. M. Bernadette Pushing Buffaloes Around?

Dacca

Address: Sister M. Helen, S.C.M.M.
Mifford Hospital
Dacca, Bengal, India

The Nurses' Examination

Seven of the nurses went to Calcutta for their State Board Examinations in October and now we are happy to learn that they all passed. Three of them went for their final examination

in nursing, one for her preliminary and three for the midwifery examinations.

It is always particularly gratifying to us to hear of the success of our student nurses in India as it is one of our most cherished aims to contribute to the education of native nurses.

February Mission Intention

THAT THE SIXTY MILLION "UNTOUCHABLES" OF INDIA MAY BE LED TO CHRIST BY CHRISTIAN CHARITY

India is the land of caste. This system separates the people in classes according to origin, descent, profession, manner of living, and so on. There are about 140,000 different castes. Among them are about 2,000 main castes. Each one is surrounded by almost insurmountable walls. Caste law is more weighty than every other law. Yes, "the commandments of the caste are the Hindu's religion." (R. Garbe.)

But there are millions living outside of every caste—the outcastes. "Mother India" treats them as expelled—yes, as untouchables. The touch of an outcaste makes the man of caste unclean. Gandhi is right when he affirms: "Untouchability is an invention of Satan!"

The sixty millions of untouchables are now awakened; they begin to stir. Whither will they move? To Moscow? To Mecca? To Rome? In the most remote villages Communism presents itself as the liberator of the enslaved. Islamism preaches loudly the democratic tenets of its creed; and Christianity proclaims: In the Kingdom of Christ there is only one nobility—the nobility of the soul. To which sermon will these sixty million listen?

The next years will bring important decisions. Where will be the new spiritual home for sixty million homeless men?

Let us pray that God may lead them into His Kingdom by the powerful magnet of Christian charity. It is the great intention of the Mission Pope!—*Rev. Heinrich Goertz.*

SHE STILL LIVES IN LISIEUX

(Continued from page 35)

Martin's intercession. The plot wherein the Carmelites were at one time buried is rather far from the entrance, but the glistening white statue of Saint Therese, which marks her second burying-place, makes it easy to find. The saint's remains are no longer in either of the graves in which they once rested, but none-the-less these graves are still places of pilgrimage. Countless miracles have been wrought at them, especially during the Great War. The second grave is, as I have said, marked by the statue, the first by the original white wooden cross, now enclosed in a cross of stone. But more striking than statue or granite cross is the fact that the Little Flower was buried alongside the very nuns whose idiosyncracies most vexed and pained her while she was in the convent. Among the most affecting pages in her autobiography are those dealing with her struggle to control and, eventually, to rout her annoyance at the distressing peculiarities of her Sisters. She was successful. And in the silence of death they all lay down together, the saint and the companions whose queer little ways were means to the saint's perfection.

R. I. P.

Please pray for the repose of the souls of—

Very Rev. Romanus Butin, S.M., S.T.L., Ph.D.,
Catholic University of America, Washington,
D. C.
Rev. Terence McNulty, Staten Island, N. Y.
Rev. James L. Travis, Old Lyme, Conn.
Mrs. Elizabeth Reinartz, Germany
(Mother of Sister M. Rita, S.C.M.M.)
Mrs. A. Harley, Ireland
(Mother of Sister M. Ann, S.C.M.M.)
Mrs. Mary Larkin, Kingston, N. Y.
Miss Catherine Scanlon, Providence, R. I.
Miss Margaret Tally, Providence, R. I.
Miss Annie J. Quinn, Newport, R. I.
Miss Mary C. O'Brien, Philadelphia, Pa.
Dr. William McLaughlin, Providence, R. I.
Mr. James T. Skelly, Wilmington, Del.

*Eternal rest give unto them, O Lord.
And let perpetual light shine upon them.
May they rest in peace. Amen.*

Kindly send the names of recently deceased subscribers, friends and benefactors for inclusion in this obituary.

In Our Library

YEARBOOK 1937. *Würzburg Medical Mission Institute, Würzburg, Germany.*

The fourteenth yearbook of the Würzburg Medical Mission Institute is dedicated to its founder, Prof. Dr. Edmund C. Becker, S.D.S., who was called to his eternal reward on March 30, 1937.

In the opening pages Dr. George Wunderle sketches the portrait of the great priest and missionary who instigated the medical mission movement in Germany, a truly excellent form of Catholic Action. The Bishop of Shillong, in a pastoral letter announcing the death of the former Prefect Apostolic of Assam, exclaims: "A great light is extinguished." We rather feel that the light which Professor Becker kindled during his life will burn in the hearts of his mission doctors. Do we not recognize his spirit in the following words from Dr. Carla Zawisch in *Gelebte Liebe*: "And this is medical missions: like Christ to help the corporal suffering out of the love for souls, to aid the corruptible in man because of the incorruptible. Then medicine becomes a lay priesthood in the service of the Most High. . . . Medical Missions can only then be fruitful when grounded in love."

The annual report of the Institute tells of the interior development and external growth, of departures and homecomings, of adversities and lack of understanding, but also of sympathy and loyalty.

In the letters from the doctors engaged in the actual work on the field, grouped under the heading "Our Mission Doctors," we encounter vivid descriptions of missionary life. The letters are varied; one is brief and serious, another long and pulsating with the very life of the missions, but all are sincerely frank. Their authors tell of their lonely as well as of their happy hours, of failures as well as of successes. "You see joy and suffering alternate here like the sun and rain—we need both in order to be happy. It is again and again worry and consolation, care and beauty, which tend to keep the life of the missionary doctor fresh, fresh for further and more perfect labor in the vineyard of the Lord." (Doctor Ditton, of Umlali.)

Professor Doctor Knack, of Peiping, reviews the experiences of I. Tschang and S. Lotsong with Weigl's vaccine in typhus fever in Northern China; these two workers came to the conclusion that this vaccine is of great prophylactic value.

The pastoral letter of the Apostolic Delegate to China on Medical Missions demands careful attention. This letter is translated in full in the January number of THE MEDICAL MISSIONARY.

Prof. Dr. Johannes Stelzenberger and Prof.

Dr. Martin Gusinde lead us to the Indians of South America and show the relation between religion and medicine in the life of these native tribes.

Dr. A. Niedermeyer, of Vienna, writes about the "Problems and Tasks of the Doctor with Regard to the Care of Souls." He advocates a closer cooperation between doctor and priest. This medical-priestly alliance can be very fruitful for the Church not only in the missions but also in the home country, especially in the discussion of matrimonial affairs.

With his fleeting strength Professor Doctor Becker wrote his last contribution to the Yearbook: "The Knightly Orders and We." With a special love he must have written pages 141-145 wherein he says, "The patients shall be received as lords and shall be supplied in every spiritual and bodily need," as if to imprint this lesson into the hearts of the men and women of the Institute.

Good photographs illustrate and enliven the yearbook.

YOUR HOPE OF GLORY. *Reverend Silvano Matulich, O.F.M., St. Anthony Guild Press, Paterson, N. J. \$1.25.*

Father Silvano would have us deepen our understanding of the mysteries of our Faith, passing beyond what is elementary and external to those especially concerned with our "Incorporation into Christ" through Baptism. It is the practical realization of this doctrine in our own lives that will be our best assurance of our "Hope of Glory."

CECILIA: MEDICIN MISSIONNAIRE. *Dr. Marthe Bertheaume. Maison d'Editions J. Dupuis, Fils et Cie, 27 rue des Petites-Ecuries, Paris. 290 francs.*

Cecilia, the heroine of the book, becomes a doctor and later joins the Society of Catholic Medical Missionaries. Although all the characters are fictional Doctor Bertheaume has written a very interesting little book in which she manages to bring in the history of the Society and the description of its fields of labor in India. She has dedicated the book to our Foundress, Dr. Anna Dengel, S.C.M.M.

ALL THE ANSWERS. *Reverend Albert H. Nolan, O.Carm., Carmelite Press, Chicago, Ill. 10 cents.*

With so much subversive literature being disseminated throughout the world today, it is all the more necessary to know where to turn for a clear, concise, and definite answer to the questions on marriage and birth control.

A SIMPLE PRAYER BOOK. *International Catholic Truth Society, 407 Bergen St., Brooklyn, N. Y. 10 cents.*

MEDICAL MISSION NOTES

India

"From a report of the Department of Health, we find that in the rural areas of the presidency, there is only one midwife available for 2,000 births; one medical woman as consultant for about 17,000 births and provision only for one bed per 6,250 births for residential treatment of complications of childbirth. Local bodies newly alive to a sense of the importance of the health of women and children are keen to appoint medical women for maternity and child-welfare work and the calls on us for this are fast increasing and we are unable to meet the demand."

An address by Miss H. M. Lazarius, M.D., Supt. of the Lady Willington Medical School, Madras: *THE GUARDIAN*, Madras, April, 1937.

India

In July, 1936, was celebrated the Golden Jubilee of St. Martha's Hospital, Bangalore, India. Founded in 1886, it is the oldest and largest Catholic Hospital in India. Besides the regular patients it has buildings for sick missionaries and an infirmary for sick Sisters.

THE MISSION MESSAGE, November, 1937.

India

"Madras' leper relief notes that the patients under the care of the Madras Leprosy Relief Council include a cook, baker, butler, betel seller, cloth merchant, hawkers of food-stuffs, etc., and concludes: 'It appears that almost everything a person in Madras uses passes through the hands of one leper or another. Lepers relief has been undertaken on grounds of mercy but there is room for appealing on the time honored principle of self-interest of every citizen who would prefer uncontaminated food to something polluted at however great a distance from him.'" *THE GUARDIAN*, Madras, April, 1937.

Burma

In 1936 two new hospitals were started under the direction of an English doctor at Mawchi Mines, Kengtung. Three Sisters of the Pontifical Institute of the Missions in the East are doing the nursing. Their main work is the care of the miners who meet with accidents. Sister A. Columba: *Le MISSIONI CATTOLICHE*, Oct., 1937.

China

Shak Lao Pac, dean of the Old Folk's Home at Kaying, South China, seriously burned, was taken to a hospital, but when dying had to be taken outside to a little hut. "The general practice in Chinese hospitals does not allow anyone to pass away on the premises." *THE FIELD AFAR*, Sept., 1937.

Africa

Ad Lucem is an association of lay university students, founded in Lille in 1932 for the purpose of supplying the missions with lay helpers: doctors, nurses, teachers, engineers. In October, 1937, it sent its first missionary doctors, Dr. Anjoulat and Dr. Gaubert, to the French Cameroons, West Africa. Each was accompanied by his wife.

China

The Diocese of Roermond in Holland has adopted the Vicariate Apostolic of Tsingtao in China and will endeavor to bear the responsibility of its maintenance. The faithful not only give their mite of money each day but every evening they say a prayer for their adopted mission. *BOMBAY EXAMINER*, Aug., 1937.

China

Statistics place the numbers of lepers in Yunnan, China, as one out of every four or five hundred inhabitants. Diagnosis is seldom made in the early stages of the disease, so that the entire population is exposed. Many methods of treatment have been tried by the natives themselves, such as the bites of bees or a certain species of cobra.

Missionaries have done much to alleviate the unhappy lot of the leper but too often the leper lives a great distance from the Mission and the missionaries can do nothing to prevent the many cruelties inflicted on them by their pagan families. They are beaten and burned and sometimes buried alive. Their hope lies in Christian charity and it is the prayer of the writer that many more missionaries will devote their lives to alleviate the sufferings of these people.—*The Leper in Yunnan* by L. Pirmez, *Les Missions Catholiques*, November 16, 1937.



China—The Next Generation

St. Joseph's Page

An Open Letter

Dear Reader:

If somebody would ask me this moment what we need the most, I could not help but answer in the twinkling of an eye: "A Motherhouse." The well-meaning enquirer would probably be taken aback with such a big request and by way of encouragement would perhaps mention the possibility of a bequest of a property or some such good fortune. Of course the day of miracles and surprises is not over, but until such happen, it is safer to take to heart the old adage: "God helps those who help themselves." So we keep on praying, begging and making our need known.

Our Sisters in India should be twice the number for our present needs. We are anxious to begin work in Patna as promised several years ago. We have many offers and opportunities in India, Africa and China. The Medical Mission field is ripe and the laborers are needed now. I am happy to say that every year more young women are drawn to the Medical Mission Apostolate. We receive them with open arms and assume the responsibility of preparing them for their life's work as Medical Missionaries.

How large a house do we need? One large enough for 100 Sisters, novices and postulants, with chapel, refectory, class rooms and sleeping rooms. In other words, we need a good sized convent. Roughly speaking housing for one Sister would cost \$1,000.

Thanks to our friends and benefactors we have now fully one-third of the money required, but two-thirds are still on the distant horizon. From the beginning we have placed the matter in the hands of Saint Joseph. Dear Reader, please join with us in saying, "Saint Joseph, help the Medical Missionaries to obtain a Motherhouse when and where it is God's Will."

ANNA DENGEL.

Thanks to Saint Joseph

Our appeal under the patronage of good Saint Joseph has not been in vain.

First and foremost we are very grateful to be able to say that our Motherhouse Fund has increased.

Also that a much needed typewriter and some chairs for the Novitiate have been donated.

A large number of *National Geographic* magazines have been added to our library.

The promise of a Luna Repository for our chapel has been received.

Truly we can say, "Ask and you shall receive." We shall try again.

Vouchsafe, O Lord, to reward with eternal life all those who do us good for Thy Name's sake."

What We Would Like

Our cancelled stamp department is growing. We will be glad to receive cancelled stamps of all countries and denominations. We need not mention, of course, that we also use any number of uncanceled stamps and that is an item in our budget.

We would be grateful for another typewriter and a few more chairs.

We are already making things for our annual bazaar. Perhaps you have a stray skein of yarn or odds and ends of embroidery cotton. We can use them up if you send them along.

The Sister Stewardess also asked us to tell Saint Joseph that the linen cupboard needs replenishing. Sheets, pillow cases and napkins are lowest.

WANTED 500,000 BRICKS

for

The New Medical Mission House

TEN BRICKS FOR ONE DOLLAR — HOW MANY WILL YOU CONTRIBUTE?

Dear Doctor Dengel:

Enclosed please find \$..... for the purchase of bricks for the New Motherhouse.

Sincerely yours,

Name.....

Address.....

.....

THE CATHOLIC PRESS

February is PRESS MONTH. It is an opportunity to pause and think of the value and necessity of the Catholic Press.

The Catholic Press is a gigantic world force covering every field of human need and endeavor.

THE MEDICAL MISSIONARY, now in its twelfth volume, is only an infinitesimally small atom in this work and achievement and yet it was welcomed from the start, because it filled a gap. There was no other Catholic Medical Mission Magazine before.

It is the aim and purpose of THE MEDICAL MISSIONARY to create a link between those in need of help and those who can help.

Every subscriber is a link in the chain of Christian charity. The more links, the bigger and more far reaching the chain. Every link counts.

"The Catholic Editor, the Catholic Author, the Catholic Preacher, the Catholic Publisher, can shed more light on this discordant world, can pour in more of the unction of Christ to heal the wounds of these bruised and angry groups of rebellious men, than any other class of leaders. The Holy Father has said: "The printed word is ruler of the world." Let us spread and disseminate that word through our Catholic Press in the hope of enlightening the ignorant and of establishing on earth a reign of justice and charity. May God bless our Catholic editors."

(Excerpt from Bishop Gannon's Catholic Press Month Message.)

THAT NEW YEAR'S RESOLUTION!

Were you one of those who resolved to get a new subscriber for THE MEDICAL MISSIONARY and then forgot about it? There is still time to redeem yourself.

By renewing your own subscription and by obtaining new subscribers you are promoting the medical mission cause.

By helping the medical mission cause you are not only giving material aid to the sick in the foreign mission field but you are bringing souls to Christ. Could any aim be more beautiful?

Send renewals or new subscriptions to:

THE MEDICAL MISSIONARY

Box 4405, Brookland Station

Washington, D. C.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

WASHINGTON, D. C.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and the Novitiate are located in Brookland, Washington, D. C.

At present the Society labors in India where the Sisters conduct hospitals, dispensaries, maternity and child-welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world as soon as its numbers permit.

REQUIREMENTS FOR ADMISSION

1. A sincere desire to dedicate one's life to God as a Medical Missionary.
2. Good health.

The age limit is from 16 to 30 years.

For further information apply to:

SISTER SUPERIOR
MEDICAL MISSION HOUSE, BOX 4405, BROOKLAND STATION,
WASHINGTON, D. C.
